and correct.

CALIFORNIA LIQUID WASTE HAULER RECORD

MAJIE NAULEK KEUUKU

D.O.T. Proper Shipping Name____

2274

(MENT OF HEALTH SFUND RECORDS CTR
PRODUCER OF WAST	E (Must be filled by pr	oducer)	HAULER OF WASTE (Must be filled by hauler) 999000441
Name (print or type):	WESTLOCK	CORP.	Name (print or type): All AMFRICAN OIL COMPANY
Pick up Address:	394 SU MA	11/37-LAC. Code No.	Business Address: 8655 So. Main Street, Los Angeles 90003 de No.
•	-(Mimber) (Street)	(City)	(Street) (City)
Telephone Number:	1.0. 01 00	7-1-7-7	(Date) 770
Order Placed By:		Date () 12	
Type of Process which Produced Wastes			Job No.: 03338 No. of Loads or Trips: Unit No.: 772
	(Examples: metal plating, eq	uipment cleaning, oil drillingCode No. ing bath, petroleum refining)	Vehicle: Described works were brilled by no to the dispersion (specify)
APSCRIPTION OF W	ASTE (Must be filled by	•	The described waste was hauled by me to the disposal facility named below and was accepted.
	•	producer)	I certify (or declare) under penalty
Sheck type of wastes:	1. Acid solution	8. Tank bottom sediment	of perjury that the foregoing is true and correct.
	2. Alkaline solution 3. Pesticides	9. 🗆 Of1 10. 🗀 Drilling mud	DISPOSER OF WASTE (Must be filled by disposer)
•	4. Paint sludge 5. Solvent	11. Contaminated soil and sand 12. Cannery waste	Name (print or type):
	6. Tetraethyl lead sludge	13, 🔲 Latex waste	Code No.
•	7. Chemical toilet wastes	14. We Mud and water 15. Derine	Site Address:
Other (Specify)	· · · · · · · · · · · · · · · · · · ·		The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State
	•	Code No.	Department of Health regulations, and local restrictions.
components:	ic acid, lime, caustic soda,	Company month on a	Quantity measured at site (if applicable): State fee (if any):
phenolics, solvents	(list), metals (list),	Concentration: Upper Lower % ppm	Handling Method(s):
organics (list) cys			Trecovery
	102	— H H	treatment (specify):
		<u> </u>	(Examples: incineration, neutralisation, precipitation)-Code No.
	<u> </u>	U	disposal (specify): pond spreading landfill injection well other (specify):
	<u>#</u>	·	If waste is held for disposal elsewhere specify final location:
5.			Disposal Date:
			I certify (or declare) under penalty
lazardous_Properties	f Vactor		of perjury that the foregoing is true and correct.
	nonetoxicflammable	ecorrosiveexplosive	Signature of authorized agent and title
bulk Volume: 5 0	galtons	other	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers:		(42 gal) (macify)	
(Numbe	r) drumscartons	bagsother/d///	
Physical State:	solid Higuid	sludge other (specify)	
Special Handling Inst	ructions (if any):	N ?	
			798332
The waste is descr	ibed to the best of my shi	ility and it was delivered to	
licensed liquid	waste hauler (if applicab)	le).	PAD INPADMATION DELATED TO OBTILE OF OWNERS PRESENTATIONS AND ASSESSMENT
certify (or decl	are) under penalty	10 11/1	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.